

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/890251

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4		3				
5		3				
6		8				
7		8				
8		8				
9	1		1			
10	1		1			
11			1			
12			1			
13			1			
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43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			1			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			1			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS